Feeling The Strain:

The Impact of Stress on the Health of African-American Men

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Community Voices
HEALTH CARE FOR THE UNDERSERVED
Morehouse School of Medicine

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Community Voices: Healthcare for the Underserved is working to make health care available to all. With eight sites across the country and managed by the Satcher Health Leadership Institute of Morehouse School of Medicine, Community Voices is helping to ensure the survival of safety-net providers and strengthen community support services. Launched in 1998 by the W.K. Kellogg Foundation, our goal is to improve health care access and quality of care for individuals and their families by providing models for change and improvement. We continue to develop new ways to identify and define innovative research programs and inform health policy.

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The Impact of Stress on the Health of African-American Men

Overview

African-American males have the highest mortality rate and lowest life expectancy among men and women in all other racial or ethnic groups in the United States. It has been noted that the mortality rates of urban African-American men are comparable to those of men in developing countries (Furumoto-Dawson et al., 2007). The disparities in the morbidity experienced by African-American men are similarly disturbing (as illustrated below). Further, middle-class status does not appear to provide African-American men with the typical decrease in health risks associated with higher socioeconomic status (See Williams, 2003). Statistics show that:

•The mortality rate for African-American men is 1.3 times that of White men, 1.7 times that of AmericanIndian/ Alaska Native men, 1.8 times that of Hispanic men, and 2.4 times that of Asian or Pacific Islander men (The Henry J. Kaiser Family Foundation, 2007) (Fig. 1).

•The life expectancy at birth is 70 years for African-American males compared with 76 years for White males, 76 years for African-American females, and 81 years for White females, (National Center for Health Statistics, 2007) (Fig. 2).

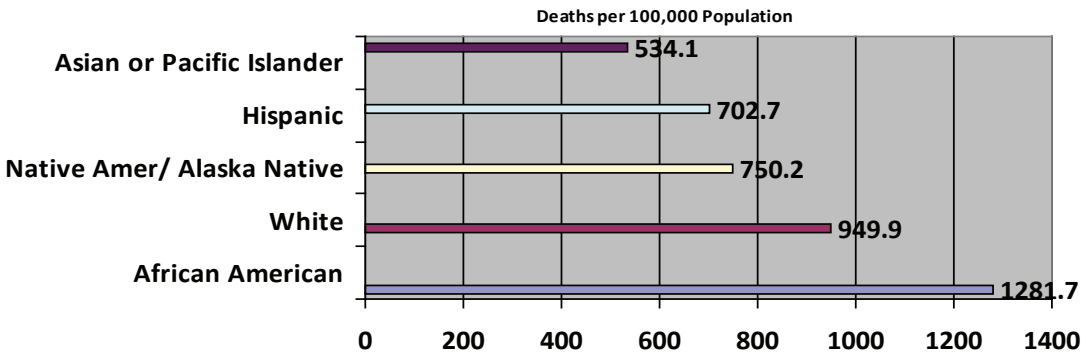
•African-American men are 30 percent more likely to die from heart disease as compared with White men (The Office of Minority Health, 2008).

•African-American men (and women) in the U.S. have the highest rates of hypertension in the world (See Douglas, 2005).

•African-American males (age 30-39) are about 14 times more likely to develop kidney failure due to hypertension than White males in the same age group (U.S. Renal Data System, 2005).

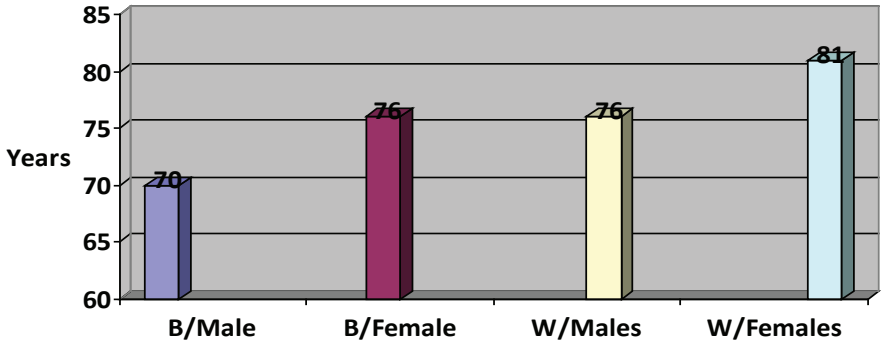
•African-American men in the U.S. have the highest rates of prostate cancer in the world (National Cancer Institute, 2008).

Figure 1: Mortality Rate for Men by Race/Ethnicity,2004



Source: National Vital Statistics Reports, Vol. 54, No. 19, June 28, 2006.

Figure 2: Life Expectancy by Race/ Gender



Source: National Center for Health Statistics, 2007

Why do African-American men experience these huge disparities in relation to their physical health? Many of the current explanations for chronic illness, while pertinent, do not tell the whole story. For example, while obesity is clearly an important factor in the cause of many chronic diseases, African-American men are actually less overweight or obese than both White men and African-American women, while having a higher mortality rate and a lower life expectancy than both these groups.[1] As such, it is essential to consider additional factors which may influence the poor health status of African-American men. An important but often overlooked issue is the role of stress as a factor in the health status of African-American men. Accordingly, this policy brief uses a "social determinants of stress" approach to demonstrate that stress emanating from social factors (racial discrimination, low socioeconomic status, and incarceration) is detrimental to the health of African-American men. This paper also makes recommendations on how to address this critical public health issue.

[1] 67 percent of African-American Men are overweight or obese compared to 71 percent of White men and 80 percent of African-American women (National Center for Health Statistics, 2007).

The Impact of Stress on the Health of African-American Men

African-American men are particularly vulnerable to stress due to historical and ongoing racial discrimination and related issues, namely low socioeconomic status and incarceration. In their study on African-American men's perceptions of health, Ravenell and colleagues (2006) found that across all groups of African-American men, stress was cited as having a significant negative impact on both physical and mental health.

African-American men are especially susceptible to psychosocial stress since they have limited peer accepted outlets for pain (See Franklin, 1998). Franklin notes that while reluctance to share vulnerabilities is not uncommon for men generally, African-American men have a tendency to project an image of 'emotional invulnerability'. While it may seem like a useful coping mechanism in dealing with life in an often hostile society, this behavior creates further stress and pressure (See Franklin, 1998).

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While stress is not harmful for brief periods, if stress is chronic or cumulative, individuals become more vulnerable to a number of health problems and diseases including infections, diabetes, high blood pressure, heart attack, stroke and cancer (See WHO, 2003; Paradies, 2004). This is because the stress response diverts energy and resources away from physiological processes which are important to long-term health (WHO, 2003).

Stress also has an indirect impact on health through unhealthy behaviors. As indicated by a national survey[2] (2006), Americans engage in unhealthy behaviors such as comfort eating and smoking to help cope with stress. As cited by APA Online (2006), Dr. Russ Newman of the American Psychological Association stated that:

> People who cope with long-term stress by engaging in uhealthy behaviors and lifestyle, may very well alleviate symptoms of stress in the short term, but end up creating significant health problems in the long run…People who turn to comfort food or smoking are starting a vicious cycle. Their attempts to reduce stress can actually lead to health problems that result in increased stress.

Focus groups conducted by Community Voices in 2008 also suggest that stress may even influence African-American men's decisions to see a primary care physician; visiting the doctor was seen by some respondents as an unnecessary hassle in a life that was already very stressful (Community Voices, 2008).

In short, stressful conditions are detrimental to health and may lead to premature death (WHO, 2003).

Three key sources of stress among African-American men are considered in turn:

- racial discrimination
- low socioeconomic status
- incarceration

While these issues are interrelated with one another, each is explored in its own right.

Stressors associated with racial discrimination

In recent years, research has increasingly pointed to a link between racial discrimination and physical health (See for example, Jackson et al., 1996; Read & Emerson 2005; Taylor, Williams, & Makambi et al., 2007; Williams, Yu, Jackson, & Anderson, 1997). Mays, Cochran & Barnes (2006) describe how repetitive experiences of discrimination, both actual and perceived may bring about physiological responses (e.g. elevated blood pressure and heart rate) that

[2] This was conducted by the American Psychological Association (APA) in partnership with the National Women's Health Resource Center and iVillage.com.

eventually result in disease and mortality. Geronimus et al. (2006) note:

> The stress inherent in living in a race-conscious society that stigmatizes and disadvantages African Americans may cause disproportionate physiological deterioration, such that an African-American individual may show the morbidity and mortality typical of a White individual who is significantly older. Not only do African Americans experience poor health at earlier ages than do Whites, but this deterioration in health accumulates, producing ever-greater racial inequality in health with age through middle adulthood.

Certainly, racial discrimination can affect African-American men in a number of ways. African-American men must navigate a society that often sees them in a negative light; they must cope with the microaggressions[3] (Pierce, 1970) that are an integral part of the African-American male experience. Additionally, African-American men are faced with institutional biases which impact their lives on just about every level, including reduced employment prospects, reduced promotion prospects, poor quality education, poor neighborhood conditions, and disproportionate rates of incarceration.

Access to employment is a key source of institutional discrimination. In a study which considered the extent to which race continues to act as a key barrier to employment, sociologist, Devah Pager (2003) showed that African-American men were less than half as likely to receive consideration by employers, relative to their White male counterparts. Among African-American men without criminal records, only 14 percent received callbacks, when compared to 34 percent of White men without criminal records. Even more disturbing, the study found that African-American men without criminal records were less likely to receive consideration than White men with criminal records. Only 14 percent of African-American men received callbacks compared to 17 percent of White men with criminal records.

African-American men are also impacted by institutional racism with reference to the educational system. For example, African-American boys face racial bias in the education system with respect to the underfunding of schools in African- American communities (See National Urban League, 2007). Additionally they frequently have to deal with personal prejudices among school educators (Spencer, 1998) which can affect the process of learning in the classroom, accuracy in the diagnoses of learning difficulties, and fairness in student discipline. These kinds of inequalities are demoralizing, and in turn have a negative impact on academic achievement. As such the poor quality of education received by many African-American boys affects their future employment prospects.

[3] Psychiatrist, Chester Pierce (1970) developed the concept of microaggressions to illustrate how the cumulative effect of every day instances of subtle discrimination could cause psychological distress.

Institutional discrimination similarly manifests itself in terms of a lack of investment in African-American communities, which often results in a lack of amenities in these communities (e.g. a lack of supermarkets, lack of walkable public spaces). Moreover, institutional racism also plays an important role in the disproportionate incarceration of African-American men (this will be explored in more detail later). In short, racial discrimination exposes African-American men to multiple psychosocial stressors and it is likely that this has a detrimental impact on their health.

Stressors associated with low socioeconomic status

Research indicates that there is a clear link between low socioeconomic status and poor health outcomes (See for example, Marmot & Shipley, 1996). It has been suggested that the conditions associated with low socioeconomic status lead to stress, and that stress is a pathway linking low socioeconomic status to poor health outcomes (See Baum, Garofalo & Yali, 1999).

In addition, scholars have considered how low socioeconomic status specifically affects African-Americans. Social psychologist, Sherman James (1994) argues that African Americans of low socioeconomic status with high levels of 'John Henryism'[4] (a tendency to engage in high-effort coping) will experience adverse health outcomes, especially in relation to high blood pressure. Moreover, Arline Geronimus (1999) a professor at the University of Michigan has noted that adverse health outcomes among poor African-American men might be caused by African-American men's cumulative exposure to stressors relating to low socioeconomic status.

Low socioeconomic status is associated with a number of stressors which affect African-American men. First unfavorable employment status is a significant stressor since it is characterized by a lack of control over one's life (See Marmot, 2006). According to the National Urban League (2007), African-American men are more than twice as likely to be unemployed as White men - 9.5 percent of African-American men are unemployed compared to 4 percent of White men. Additionally, African-American men are disproportionately represented in lower-income jobs. With regard to annual median income, African-American men earn less than 75 percent of what White men earn ($34,443 compared with $46,807). Additionally, nearly 25 percent of African Americans live below the poverty line, three times the percentage of Whites (National Urban League, 2007).

Unfavorable neighborhood locations are another important stressor associated with low-socioeconomic status. Due to low incomes and fewer socioeconomic resources, African-Americans frequently reside in urban economically disadvantaged areas, with poor neighborhood conditions (e.g. substandard housing, crime, crowding, noise pollution, while experiencing less social support) (See Adler & Snibbe, 2003). African-American men have identified living in 'unhealthy' neighborhoods as a significant source of stress (Ravenall et al., 2006).

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[4] The concept of "John Henryism" was developed by Sherman James from the legend of John Henry, an African-American man who competed successfully against a mechanical steam drill in a famous steel driving contest ("man against machine"). While John Henry succeeded in his goal, he died after the contest ended due to physical and mental exhaustion. As such John Henryism is a useful synonym for high-effort coping with difficult psychosocial environmental stressors (James, 1993).

Crime and fear of crime is worthy of particular mention as a stressor. Residents in unfavorable neighborhood locations are at high risk of criminal victimization and/ or witnessing violence (See Switzer et al.,1999). The homicide death rate for young African-American men is 84.6 per 100, 000 of the population compared with 5 per 100, 0000 of the population for young White men. While homicide death rates decline for older African-American men, rates among African American men ages 25-44 are still disturbingly high (61 per 100, 000 of the population) when compared with Whites of that age group (5.1 per 100, 000 of the population) (The Henry Kaiser Family Foundation, 2006). As such criminal victimization and/ or fear of criminal victimization is likely to be a significant stressor among African-American men. Indeed, Paxton et al. (2004) have demonstrated that there is a relationship between exposure to violence and psychological distress.

In short, African-American men experience a variety of stressors associated with low socioeconomic status which in turn may have a negative affect on health outcomes.

Stressors associated with incarceration

Sociologist, Michael Massoglia (2008) has conducted research which indicates that incarceration exerts negative effects on health, and that stress is one of the key factors associated with poor health outcomes. Massoglia (2008) notes that both incarceration and life after release may leave African-American men at increased risk for physical health problems. With regard to incarceration, Massoglia likens the prison to a neighborhood to illustrate the stressors associated with prison life. He suggests that prisons can be conceptualized as economically disadvantaged neighborhoods. Like disadvantaged neighborhoods, prisons are typically characterized by fear, lack of respect, and disorder. These conditions create high levels of stress, which in turn has a negative impact on health. Massoglia goes on to point out that the stressors associated with life after release may similarly have a negative impact on the health of African-American men. This is because ex-inmates are confronted with social and correctional policies that restrict participation in society (Massoglia 2008).

The stressors associated with incarceration are worthy of particular mention because incarceration impacts disproportionate numbers of African-American men. Due to biases in police and prosecutor discretion, and sentencing guidelines, African-American men are arrested, convicted and incarcerated at higher rates than other racial and ethnic groups (See Williams, 2006). At midyear 2007, African-American males were six times more likely to be held in custody than White males. The incarceration rate for African-American males was 4,618 per 100, 000 compared with 1,747 per 100, 000 for Hispanic men and 773 per 100,000 for White men (See Sabol & Couture, 2008).

With regard to life after release, African-American men experience a number of difficulties as ex-inmates reentering the community (See Henry Kaiser Family Foundation, 2007). For example, with reference to employment, Pager (2003) found that while a criminal record reduced employment opportunities for White men by 50 percent, the effect of a criminal record reduced employment opportunities for African-American men by 64 percent. As indicated earlier, unemployment can lead to feelings of a lack of control over one's life and as such is a

source of psychosocial stress (See Marmot, 2006; Massoglia 2008). Certainly, the problems which African-American men face upon release from prison further exacerbate the effects of incarceration on health.

Thus, both incarceration and its after-effects are potent stressors which may adversely affect the health of African-American men.

Call to Action

Implement social policies which reduce the stressors associated with racial discrimination.

Given the impact of racial discrimination on the health of African-American men, it is important to promote policies which address racial discrimination. It is necessary to:

• Strengthen anti-discrimination legislation in the area of employment (e.g. in relation to hiring and promotion).

• Reform the system of allocating funds to schools to address the disparities in fund allocation. It is also necessary to implement cultural competency in schools (e.g. help educators improve their interaction with African-American male students, empower African-American male students). As such the school environment would become more conducive to academic success. This in turn would improve the marketability of Afrcan-American men in the labor market.

• Establish systems to tackle racial biases in the criminal justice system including police and prosecutor discretion, and sentencing guidelines.

Implement social policies which reduce the stressors associated with low socioeconomic status .

Since African-American men are disproportionately affected by low socioeconomic status and consequent hardship, social policies which address the effects of low socioeconomic status and poverty are essential. Policy makers should:

•Strengthen systems which act as a safety-net for low income workers and individuals who are confronted with financial hardship (e.g. minimum wages, unemployment benefit).

•Invest in revitalizing poor neighborhoods (e.g. walkable areas, mixed-income housing developments). This might also include providing incentives to bring supermarkets to underserved areas.

•Invest in crime-prevention programs in economically disadvantaged neighborhoods.

Implement social policies which reduce the stressors associated with incarceration.

In addition to establishing systems to tackle racial biases in the criminal justice system (as noted above) it is necessary to address the various social barriers that ex-offenders face after they are released from prison. Amongst other things, this would include providing incentives to employers to encourage the hiring of ex-offenders, and the funding of housing for ex-offenders.

Implement health policies which address psychosocial stress

Due to the connection between psychosocial stress and physical health, it is important for health care providers to address stress among African-American men. Policy makers should:

• Ensure that health care providers are culturally competent. Specifically, primary care physicians should be trained to recognize the role of psychosocial stress in chronic illnesses among African-American men, and other vulnerable populations. Health care providers should be encouraged to refer clients for stress management treatment as and when necessary. As such, stress levels can be reduced before chronic illnesses become serious.

• Ensure that mental health service providers are culturally competent. Mental health professionals should be trained to understand the unique issues which affect African-American men, which contribute to stress and other mental health conditions. This would ensure that clients get appropriately diagnosed and treated for stress/ other mental health issues, and ultimately lead to improved physical health outcomes.

•Partner with African-American churches and community organizations to develop empowerment programs which address the psychosocial health of African-American men. While empowerment programs should include traditional stress management techniques such as transcendental meditation, support groups, exercise, assertiveness and communication skills training, and counseling, programs must also be culturally competent. For example, counseling and support groups should be tailored to address specific issues relating to African-American men.

Fund relevant research

As this paper has demonstrated, African-American men are vulnerable in terms of their exposure to numerous sources of psychosocial stress. As such African-American men should be given special attention as a vulnerable population in terms of funding for research and programs. In particular, there is a need for further research on psychosocial stress and the health of African-American men.

Conclusion

It is clear that psychosocial stress has a significant impact on the health of African-American men. African-American men are subject to multiple stressors emanating from racial discrimination, low socioeconomic status, and incarceration. These stressors constitute an enormous burden on African-American men and their families. As such we need policies and programs which address the issues of racial discrimination, low socioeconomic status and incarceration. It is also necessary for health policy makers to adopt policies and programs to tackle the issue of psychosocial stress. Additionally, funding bodies must show a greater willingness to fund research and programs that address the social determinants of health among African-American men. Ultimately, it is hoped that this discussion will encourage policy makers to take action to address this often overlooked, yet critical public health issue.

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In 1998, The W.K. Kellogg Foundation helped launch Community Voices as a pilot program to create greater health care access at the local level and give the underserved a louder "voice" in the national debate on health care access. In 2003, the National Center for Primary Care at the Morehouse School of Medicine in Atlanta became the group's program office.

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Program outcomes must include a greater focus on primary care and prevention, preservation and strengthening of the community health care safety net, implementation of a stronger health care delivery system, and development of best practices for communities to adapt to unique circumstances.

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